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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/426,690 11/15/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	NETHERLANDS	16	98	12
Examiner's Signature <i>[Signature]</i> Initials <i>LAB</i>				

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## TITLE

Human monoclonal antibodies against CD25

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )

FILING FEE  RECEIVED 4376	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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